

Social Security Benefits Questionnaire

Claimant Information:

Last Name:

First Name:

MI:

ID or SSN:

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Under Section 611A2 of the Illinois Unemployment Insurance Act, a portion of a person's primary Social Security, old age, disability and retirement benefits are considered disqualifying income. Based on your Social Security amount, a deduction may be made from your benefits. Please provide a copy of your award letter about this payment to determine your eligibility for Unemployment Insurance Benefits.

Please complete, sign and return this questionnaire along with a copy of your social security award letter to your Illinois Department of Employment Security Local Office as instructed. Failure to respond form will result in a determination based on the available information. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: Social Security Benefits Information		
What type of Social Security payments are you receiving?		
(Check all that apply)	Social Security Retirement	
	Supplemental Security Income	
	Social Security Disability	
	Surviving Spousal / Dependent	
If Surviving Spousal / Dependent, please complete the following 2 questions:		
Is this payment based solely on your own wage credits?	Yes	No
If No, what is the total amount of payment based solely on your wages?	\$	
What is the effective date of the Social Security Benefit payments?	/	/
What is the gross monthly amount?	\$	
Section B: Signature		
Signature:	Date:	/ /
Name (Printed or Typed):	Daytime Telephone Number: ()	-